

ATTENTION: Please be sure to confirm you have printed all (9) pages of this document.

YOU MUST BRING THIS COMPLETED APPLICATION WITH YOU TO YOUR SCHEDULED EXAM.

Last Name: (print)	First Name: (print)	Application No.:

RHODE ISLAND DEPARTMENT OF CORRECTIONS

CORRECTIONAL OFFICER

PRE-SERVICE TRAINING

SUPPLEMENTAL APPLICATION FOR EMPLOYMENT

NOTICE TO APPLICANT

IN ORDER TO BE CONSIDERED FOR THIS POSITION
YOU MUST:

- 1) Complete the application by yourself, in your own handwriting.
- 2) Must be fluent in English.
- 3) Undergo a vigorous background investigation, including criminal records check, employment verification, and check of references.

*An Affirmative Action/Equal Opportunity Employer
Minorities Women and Protected Groups are Encouraged to Apply*

JUNE 2011



Rhode Island Department of Corrections

Training Academy
Pinel Building, Top Floor
16 Wilma Schesler Lane
Cranston, RI 02920
(401)462-JOBS

SUPPLEMENTAL APPLICATION FOR EMPLOYMENT

Application must be typed or clearly printed in ink. All items in the application must be filled in completely, correctly, and to the best of your knowledge be true. Applicant must sign application. Any applications that are incomplete and/or illegible can result in the rejection of the application by the Rhode Island Department of Corrections. It is your responsibility to provide any or all telephone numbers for the institutions or persons that you have listed on the application. You have an affirmative obligation to notify the Rhode Island Department of Corrections at the above address, in writing of any changes that occur after the date the application is filed.

SECTION I - PERSONAL HISTORY

NAME: LAST		FIRST		MIDDLE		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
IF YOU HAVE CHANGED YOUR NAME, GIVE DATE, PLACE					ALIAS OR MAIDEN NAME		
PRESENT HOME ADDRESS - STREET					CITY/STATE		ZIP CODE
PO BOX/MAILING ADDRESS IF DIFFERENT FROM ABOVE					CITY/STATE		ZIP CODE
DATE OF BIRTH (MM/DD/YEAR)*			SOCIAL SECURITY NUMBER*				
RESIDENCE TELEPHONE NUMBER ()			CELL PHONE NUMBER			E-MAIL ADDRESS	
ARE YOU A LICENSED AUTOMOBILE OPERATOR? YES <input type="checkbox"/> NO <input type="checkbox"/>			OPERATOR LICENSE NUMBER				STATE
HAVE YOU EVER OBTAINED AN OPERATORS LICENSE IN ANY OTHER STATE YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHAT STATE/S.							
ARE YOU A U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>			PLACE OF BIRTH				STATE

*Information required to conduct criminal records check in accordance with applicable statute.

SECTION II - EDUCATION

	DATES						MAJOR	DIPLOMA OR DEGREE
	FROM			TO				
	MO.	DAY	YR.	MO.	DAY	YR.		
GED NAME								
ADDRESS								
TELEPHONE ()								
HIGH SCHOOL(S) NAME								
ADDRESS								
TELEPHONE ()								
HIGH SCHOOL(S) NAME								
ADDRESS								
TELEPHONE ()								
COLLEGE OR UNIVERSITY(S) NAME								
ADDRESS								
TELEPHONE ()								
COLLEGE OR UNIVERSITY(S) NAME								
ADDRESS								
TELEPHONE ()								
OTHER EDUCATIONAL INSTITUTIONS NAME								
ADDRESS								
TELEPHONE ()								
OTHER EDUCATIONAL INSTITUTIONS NAME								
ADDRESS								
TELEPHONE ()								

SECTION III – EMPLOYMENT

List chronologically (most recent first) all employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, indicate, setting forth dates of unemployment. A telephone number is mandatory for each entry.

COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()
ADDRESS/CITY/STATE			POSITION	
YEARLY SALARY \$	TYPE OF WORK			
REASON FOR LEAVING	STARTING DATE / /		ENDING DATE / /	
COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()
ADDRESS/CITY/STATE			POSITION	
YEARLY SALARY \$	TYPE OF WORK			
REASON FOR LEAVING	STARTING DATE / /		ENDING DATE / /	
COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()
ADDRESS/CITY/STATE			POSITION	
YEARLY SALARY \$	TYPE OF WORK			
REASON FOR LEAVING	STARTING DATE / /		ENDING DATE / /	
COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()
ADDRESS/CITY/STATE			POSITION	
YEARLY SALARY \$	TYPE OF WORK			
REASON FOR LEAVING	STARTING DATE / /		ENDING DATE / /	
COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()
ADDRESS/CITY/STATE			POSITION	
YEARLY SALARY \$	TYPE OF WORK			
REASON FOR LEAVING	STARTING DATE / /		ENDING DATE / /	
COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()
ADDRESS/CITY/STATE			POSITION	
YEARLY SALARY \$	TYPE OF WORK			
REASON FOR LEAVING	STARTING DATE / /		ENDING DATE / /	
COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()
ADDRESS/CITY/STATE			POSITION	
YEARLY SALARY \$	TYPE OF WORK			
REASON FOR LEAVING	STARTING DATE / /		ENDING DATE / /	
COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()
ADDRESS/CITY/STATE			POSITION	
YEARLY SALARY \$	TYPE OF WORK			
REASON FOR LEAVING	STARTING DATE / /		ENDING DATE / /	
COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()
ADDRESS/CITY/STATE			POSITION	
YEARLY SALARY \$	TYPE OF WORK			
REASON FOR LEAVING	STARTING DATE / /		ENDING DATE / /	

COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()
ADDRESS/CITY/STATE			POSITION	
YEARLY SALARY \$		TYPE OF WORK		
REASON FOR LEAVING		STARTING DATE / /		ENDING DATE / /
COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()
ADDRESS/CITY/STATE			POSITION	
YEARLY SALARY \$		TYPE OF WORK		
REASON FOR LEAVING		STARTING DATE / /		ENDING DATE / /
COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()
ADDRESS/CITY/STATE			POSITION	
YEARLY SALARY \$		TYPE OF WORK		
REASON FOR LEAVING		STARTING DATE / /		ENDING DATE / /
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COMPANY NAME		NAME OF SUPERVISOR		TELEPHONE ()
ADDRESS/CITY/STATE			POSITION	
YEARLY SALARY \$		TYPE OF WORK		
REASON FOR LEAVING		STARTING DATE / /		ENDING DATE / /

HAVE YOU EVER APPLIED FOR A POSITION AT THE RI DEPARTMENT OF CORRECTIONS? YES ☐ NO ☐

IF YES, WHEN: _____

HAVE YOU EVER WORKED FOR THE STATE OF RHODE ISLAND BEFORE? YES ☐ NO ☐

IF YES, WHICH DEPARTMENT(S) _____

HAVE YOU EVER BEEN DISMISSED FROM A TRAINING PROGRAM? YES ☐ NO ☐

(An affirmative answer is not an automatic bar to employment)

IF YES, NAME OF PROGRAM AND REASON _____

HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM A POSITION? YES ☐ NO ☐

(An affirmative answer is not an automatic bar to employment)

IF YES, GIVE NAME OF EMPLOYER AND REASON FOR DISMISSAL/RESIGNATION _____

SECTION IV - MILITARY RECORD

HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES OF THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>		BRANCH OF MILITARY SERVICE	
HIGHEST RANK ATTAINED:	DATE COMMISSIONED (if applicable)		
SERIAL NUMBER	DATES OF ACTIVE DUTY (MM/DD/YY) FROM / / TO / /		
HAVE YOU OR ARE YOU NOW SERVING IN A MILITARY RESERVE UNIT? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, THEN WHAT BRANCH AND UNIT?			
HAVE YOU OR ARE YOU NOW SERVING IN A NATIONAL GUARD UNIT? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, THEN WHAT UNIT?			

SECTION V – REFERENCES

Give three references (non relatives)

COMPLETE NAME	OCCUPATION	NO. YRS OF ACQUAINTED		
RESIDENCE ADDRESS	CITY	STATE	ZIP	TELEPHONE ()
BUSINESS ADDRESS	CITY	STATE	ZIP	TELEPHONE ()
COMPLETE NAME	OCCUPATION	NO. YRS OF ACQUAINTED		
RESIDENCE ADDRESS	CITY	STATE	ZIP	TELEPHONE ()
BUSINESS ADDRESS	CITY	STATE	ZIP	TELEPHONE ()
COMPLETE NAME	OCCUPATION	NO. YRS OF ACQUAINTED		
RESIDENCE ADDRESS	CITY	STATE	ZIP	TELEPHONE ()
BUSINESS ADDRESS	CITY	STATE	ZIP	TELEPHONE ()

SECTION VI - COURT RECORD

Before answering the following questions please read carefully:

- A. Many individuals who have been arrested or have had criminal charges brought against them incorrectly think that the records have been sealed, expunged, destroyed or no longer in existence. If you were convicted of a crime and have had the conviction expunged, you must disclose the fact of a conviction pursuant to the Rhode Island General Laws 12-1.3-4 regardless of the fact that the matter was expunged. Any arrest or charge must be disclosed, even if it did not result in a conviction, pursuant to Rhode Island General Laws 28-5-7(7).

Please note that arrests and misdemeanor convictions at least 3 years prior to your application date are not an automatic bar to employment. Any impact will depend on the circumstances.

Have you ever been arrested YES ☐ NO ☐
or charged with any crime?

If you answered yes, please indicate the date, circumstances of the arrest(s) or charge(s), and whether a conviction resulted (including driving on a suspended license convictions):

- B. Have you ever pled guilty, nolo contendere or been convicted of any misdemeanor or felony offense (regardless of whether a fine or penalty was imposed) or are there any criminal charges pending against you? YES ☐ (If yes, list below) NO ☐

DATE	PLACE AND DEPARTMENT	CHARGE/S	FINAL DISPOSITION

SECTION VII - DRIVING RECORD

Have you had vehicle violations that you received over the last 10 years? YES ☐ NO ☐

- A. If yes, list all motor vehicle violations that you have received over the last ten (10) years.

VIOLATION	DATE	POLICE DEPARTMENT	DISPOSITION

SECTION VIII – VISIT & PHONE LIST

HAVE YOU EVER VISITED OR RECEIVED TELEPHONE CALLS FROM INMATES?

YES ☐ NO ☐

If yes, please list below:

Inmates You Have Visited, are Currently Visiting, or Received Telephone Calls From:

Name:	Facility:
Dates Visited:	
Dates Received Calls:	
Name:	Facility:
Dates Visited:	
Dates Received Calls:	
Name:	Facility:
Dates Visited:	
Dates Received Calls:	

PERSONAL QUESTIONNAIRE

List any special skills or training that you have acquired that would be beneficial to the Rhode Island Department of Corrections. (Include any language skills, firearms training, etc.)

List any public service or community activities that you are or have been involved in.

Explain in your own words why you are interested in becoming a member of the Rhode Island Department of Corrections. (You may attach up to one additional sheet of paper to answer this question.)

READ AND SIGN BELOW

"I certify that all information contained in this application is true and correct to the best of my knowledge, and I understand that falsification or materially incorrect information in this application is grounds for disqualification from further consideration or for dismissal from employment. I further understand that 18 U.S.C. § 922 (g)(9) prohibits anyone convicted of a misdemeanor involving domestic violence from possessing a firearm and therefore from employment as a correctional officer. In addition, per RIDOC policy, anyone with felony convictions or a misdemeanor conviction within 3 years of the application date or anyone who is a current user of illegal drugs is not accepted".

Signature of Applicant

Date

DOCUMENTATION REQUIREMENTS

This application, along with the following documents must be brought with you to the entrance exam site:

1. PICTURE ID
2. COPY OF YOUR HIGH SCHOOL DIPLOMA OR EQUIVALENT
3. RIGHT-TO-WORK VERIFICATION (SOCIAL SECURITY CARD OR ALIEN REGISTRATION CARD)